



**Policy:** Long Term Clinical FU  
**Approval Date:** 04/08/2022  
**Effective Date:** 04/08/2022  
**Supersedes:** N/A

Applicable To	
<input checked="" type="checkbox"/> ACHQC	
Team Members Performing	
<input type="checkbox"/> Leadership <input type="checkbox"/> Board of Directors <input checked="" type="checkbox"/> Privacy Team <input checked="" type="checkbox"/> Operational Staff <input type="checkbox"/> Committees/Task Forces	
Responsible Party	
<input checked="" type="checkbox"/> Leadership <input type="checkbox"/> Board of Directors <input checked="" type="checkbox"/> Privacy Team <input checked="" type="checkbox"/> Operational Staff	
Content Experts	
Michael J. Rosen, M.D., Medical Director Benjamin Poulouse, M.D., Director of Outcomes and Quality Nicole Goddard, Privacy and Security Officer Aileen Beckler, Program Coordinator	

- I. Policy: Long Term Clinical Follow Up
- II. Purpose of Policy: To ensure that the Abdominal Core Health Quality Collaborative (ACHQC) maintains a robust and standardized method of obtaining long term clinical follow up prospectively or abstracted from the electronic medical record
- III. Definitions
  - a. Long term follow up (LTFU) – Follow up occurring 1 year or greater after the index operation
  - b. Index operation – original operation performed for the particular ACHQC patient ID
  - c. Electronic Medical Record (EMR) – Health information stored in electronic format (i.e. Epic, Cerner, etc)
  - d. Abstracted clinical follow up – Information about patients entered from the electronic medical record after the events have occurred
  - e. Administrative data – Information about patients collected in a standardized format used for administrative purposes with defined metadata
  - f. Natural Language Processing (NLP) – using text-based algorithms within the EMR to identify clinical events
- IV. Procedure(s)
  - a. Prospective clinical follow up – On the event of a clinical encounter, end users can log into the ACHQC user interface and enter LTFU during routine healthcare operations by

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selecting a patient and clicking on the Additional Follow Up tab. LTFU is completed according to the prompts.

- i. Date of Follow Up – In the instance that a LTFU entry is being made on the same date as the clinical encounter, the Date of Entry of LTFU is the same date as the clinical encounter.
- b. Administrative data based LTFU
  - i. This type of information will be collected via linkage of administrative data directly to ACHQC data. Please refer to the ACHQC Data Linkage Policy and Procedure.
- c. NLP based LTFU
  - i. This information will used text-based algorithms to identify discrete clinical events.
- d. Abstracted clinical follow up – After logging into the ACHQC user interface, a patient is selected to enter LTFU. The specific list of patients can originate from multiple sources including (not limited to):
  - i. Patient list generated by the ACHQC analytic team for targeted LTFU
  - ii. Selection from the Patient List function within the user interface. Note that this is a useful way to identify patients who are eligible for LFTU. Users simply click the ‘end of list’ arrow at the bottom right of the Patient List screen:



This will show the patients who have been entered first into the registry (these will be patients with the longest eligible time for follow up).

- e. Eligible record types to obtain LTFU
  - i. Clinical notes – progress notes, history and physical, return clinic notes. These notes can reflect either in-person visits or video visits.
    1. For a clinical note to be valid LTFU, the following criteria need to be met:
      - a. Performed by licensed health care provider (MD, DO, or Advanced Practice Provider)
      - b. An abdominal examination must be documented
    - ii. Radiographic studies – include impressions from computed tomography (CT) scans, ultrasound (US), or magnetic resonance imaging (MRI) studies.
      1. For the radiographic study to be eligible, the study must evaluate the area addressed by the index operation.
- f. Eligible time frame for LTFU
  - i. One year after index operation
- g. Method of LTFU data entry
  - i. The ‘Additional Follow-Up’ tab is selected and abstraction method of follow up is selected. Only clinical visits and medical record abstraction are valid forms of

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LTFU data entry.

**What method of follow up is being performed?**

Clinical visit (includes in-person visit and video visit)  
 Phone  
 Obtained from medical record (abstraction)

ii. The Date of follow up entered is the date of the clinical note or radiographic study (not date of LTFU entry):

**Date of follow up \***

mm/dd/yyyy 

- iii. Recurrence assessment
1. Recorded as 'No' if:
    - a. Clinical documentation of a negative abdominal physical examination documented by any health care provider (note: does not need to be a member of the surgical team)
    - b. Negative radiographic impression from CT, US or MRI
    - c. Negative direct read from CT, US or MRI by qualified health care provider
  2. If a recurrence is recorded, enter optional details if known
  3. If there are two different results for recurrence with difference methods of assessment, a surgeon with expertise in hernia/abdominal core health should make the final determination of recurrence
- iv. Complete Complications and Pain Management sections
- v. Click 'Save' icon at top right of page to save data



a.

Review/Revision Dates

Date	Review	Changes
3/27/2022	Ben Poulouse	Created policy
4/8/2022	ACHQC Board	Voted on policy and approved